



Housing Authority of Thurston County  
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## Voluntary Termination

Date: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Head of Household Last 4 digits of Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, am giving notice to the Housing Authority of Thurston County that I am relinquishing my rights to my Housing Choice Voucher as of \_\_\_\_\_.

(DATE)

I understand that my voucher will be given to the next eligible household. I realize, should I need rental assistance again in the future, I would need to apply to the Housing Choice Voucher Program waiting list when it opens.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date